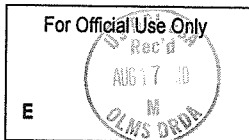


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8947</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ricky</u> <u>Tamashiro</u> P.O. Box, Bldg., Room No., if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers AFL-CIO, Local Union #1</u> Labor Organization File Number <u>025-992</u> P.O. Box, Building and Room Number, if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/19/05</u> Date	<u>(808) 841-0491</u> Telephone Number

Name of Person Filing <b>Ricky Tamashiro</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <b>2251 North School Street</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96819</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b>  Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringes benefits are part of employment arrangement. Outer island travel seminar attendance, cellular phone, and reimbursed expenses are all job-related. (See Attachment - Page 1 of 6)  <b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$44,916"/>
Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>12.a. Nature of interest held or income received.</b>  Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities. Instructor fees are paid for services performed to provide active guidance and teaching. (See Attachment - Page 1)  <b>12.b. Amount.</b> <input type="text" value="\$91,318"/>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14.a. Nature of payment.</b>  <input style="width: 100%; height: 100%;" type="text"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <input type="text"/>

Name of Person Filing Ricky Tamashiro

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Masons Health &amp; Welfare Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School

City Honolulu

State Hawaii

ZIP Code + 4 96819

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.

(See Attachment - Page 2 of 6)

## 11.b. Approximate dollar value of such dealing.

\$8,044

## 12.a. Nature of interest held or income received.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

(See Attachment - Page 2 of 6)

## 12.b. Amount.

\$15,483

Name of Person Filing Ricky Tamashiro

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Hawaii Masons Vacation &amp; Holiday Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.

(See Attachment - Page 3 of 6)

## 11.b. Approximate dollar value of such dealing.

\$2,254

## 12.a. Nature of interest held or income received.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

(See Attachment - Page 3 of 6)

## 12.b. Amount.

\$4,099

Name of Person Filing **Ricky Tamashiro**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a **business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**

Name **Hawaii Masons & Plasterers Annuity Trust Fun**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

**9. Business deals with:**

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11.a. Nature of such dealing.**

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.

(See Attachment - Page 4 of 6)

**11.b. Approximate dollar value of such dealing.**

\$3,643

**12.a. Nature of interest held or income received.**

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

(See Attachment - Page 4 of 6)

**12.b. Amount.**

\$6,831

Name of Person Filing Ricky Tamashiro

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City 2251 North School Stre

State Hawaii

ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.

(See Attachment - Page 5 of 6)

11.b. Approximate dollar value of such dealing.

\$6,886

12.a. Nature of interest held or income received.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.

(See Attachment - Page 5 of 6)

12.b. Amount.

\$13,207

Name of Person Filing <b>Ricky Tamashiro</b>	File Number <b>U-</b>
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2251 North School Street</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96819</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related. (See Attachment - Page 6 of 6)  <b>11.b. Approximate dollar value of such dealing.</b> <b>\$3,180</b>  <b>12.a. Nature of interest held or income received.</b>  Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office. (See Attachment - Page 6 of 6)  <b>12.b. Amount.</b> <b>\$5,920</b>

Name of Person Filing <b>Ricky Tamashiro</b>	File Number <b>U-</b>
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Aloha State Marketing</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>99-1011 Kaikukumu Street</b></p> <p>City <b>Ewa Beach</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>96706</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Promotional event for masonry construction industry</b></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$100</b></span></p>
	<p><b>12.a. Nature of interest held or income received.</b></p>
	<p><b>12.b. Amount.</b></p>



Name of Person Filing **Ricky Tamashiro**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Western Apprenticeship Coordinators Assoc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**City **Honolulu**State **Hawaii**ZIP Code + 4 **96819****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.****Promotional event to promote construction industry training of apprentices****11.b. Approximate dollar value of such dealing.****\$50****12.a. Nature of interest held or income received.****12.b. Amount.**

Attachment to Form LM-30, Line 11.a,b

<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
January 1, 2004 through December 31, 2004	12,131	<u>Fringe benefit</u> Health & welfare	Check
	10,193	Annuity	
	5,363	Pension	
	<u>27,687</u>		
January 1, 2004 through December 31, 2004	-	<u>Outer island travel done monthly</u>	Check
	3,981	Airfare	
	2,082	Hotel	
	4,760	Materials	
	<u>10,823</u>		
January 1, 2004 through December 31, 2004	559	<u>Seminar (1/2005)</u> Airfare	Check
	1,203	Hotel	
	915	Registration	
	527	Ground transportation	
	1,040	Meals	
	<u>4,244</u>		
January 1, 2004 through December 31, 2004	1,522	<u>Others</u> Cellular phone	Check
	640	Reimbursed expenses	Check
	<u>2,162</u>		
Total	<u>44,916</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	79,284	<u>Wages and fees</u> Wages	Check
	6,920	Vacation fringe benefit	Check
January 1, 2004 through December 31, 2004	4,940	Instructor fees	Check
Total	<u>91,318</u>		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
Attachment to Form LM-30, Line 11.a,b				
HW	January 1, 2004 through December 31, 2004	1,990	Fringe benefit	Check
		1,823	Health & welfare	
		2,468	Annuity	
			Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendance at quarterly trust fund meetings	Check
		55	Meeting expenses for attendance at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	316	Continuing education	Check
		553	Airfare	
		337	Hotel	
		-	Registration	
		387	Auto	
			Meals	
	Total	<u>8,044</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	<u>15,483</u>	Wages	Check
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a separate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Health & Welfare Fund portion of expenses.

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
Attachment to Form LM-30, Line 11.a,b				
VH	January 1, 2004 through December 31, 2004	527	Fringe benefit	Check
		483	Health & welfare	
		653	Annuity	
		-	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendance at quarterly trust fund meetings	Check
		55	Meeting expenses for attendance at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	84	Continuing education	Check
		146	Airfare	
		89	Hotel	
		-	Registration	
		102	Auto	
		-	Meals	
	Total	<u>2,254</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	<u>4,099</u>	Wages	Check
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a separate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Vacation & Holiday Fund portion of expenses.

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
Attachment to Form LM-30, Line 11.a,b				
AN	January 1, 2004 through December 31, 2004	878	Fringe benefit Health & welfare	Check
		804	Annuity	
		1,089	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendance at quarterly trust fund meetings	Check
		55	Meeting expenses for attendance at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	140	Continuing education Airfare	Check
		244	Hotel	
		149	Registration	
		-	Auto	
		171	Meals	
	Total	<u>3,643</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	<u>6,831</u>	Wages	Check
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a separate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Annuity Fund portion of expenses.

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
Attachment to Form LM-30, Line 11.a,b				
PN	January 1, 2004 through December 31, 2004	1,698	Fringe benefit	Check
		1,555	Health & welfare	
		2,105	Annuity	
			Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendance at quarterly trust fund meetings	Check
		55	Meeting expenses for attendance at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	270	Continuing education	Check
		471	Airfare	
		287	Hotel	
		-	Registration	
		330	Auto	
			Meals	
	Total	<u>6,886</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	<u>13,207</u>	Wages	Check
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a separate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Pension Fund portion of expenses.

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
Attachment to Form LM-30, Line 11.a,b				
TR	January 1, 2004 through December 31, 2004	761 697 944	Fringe benefit Health & welfare Annuity Pension	Check
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendance at quarterly trust fund meetings	Check
		55	Meeting expenses for attendance at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004	121 211 129 - 148	Continuing education Airfare Hotel Registration Auto Meals	Check
	Total	<u>3,180</u>		

Attachment to Form LM-30, Line 12.a,b

January 1, 2004 through December 31, 2004	<u>5,920</u>	Wages	Check
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a separate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Training Fund portion of expenses.

Ricky Tamashiro  
File Number – Initial filing  
12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.